



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date <b>12-8-75</b>	<b>INSTRUCTIONS</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. <b>DHR-21</b>		Date Received <b>DEC 9 1975</b>	Date Completed <b>DEC 22 1975</b>
3. Agency Name, Division, Subdivision & Administering Office Address <b>Department of Human Resources Division of Vocational Rehabilitation Directors Office - Edit Room 47 Trinity Avenue, S.W., Atlanta, Georgia 30334</b>		4. Person in Contact <b>Nathan Nolan</b>	5. Working Title <b>Director</b>
		6. Tel. No. <b>656-2621</b>	

7. ACTION REQUESTED

<input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE.	<input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.
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8. Earliest & Latest Dates of Series <b>1972-Present</b>	9. Exact Series Title <b>Vocational Rehabilitation Client Cost Evaluation Files</b>
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10. What is the function of the office in which this record series is created?  
*The Division of Vocational Rehabilitation is responsible for supervising and directing the programs in the State which are designed for training the nonproductive members of society to become productive members of society, with emphasis on serving the severely disabled on a priority basis.*

*Administration Services Unit has the responsibility for Division budget, cost allocation, research, personnel services and data edit activities.*

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

*Documents relating to maintaining financial and statistical records for all clients in the Vocational Rehabilitation Program.*

*Included but not limited to are the Client Cost Record identifying client's name, case number, classification data, vendor name, dates of service, amount authorized-adjustment-paid, check number and date, and amount outstanding; Client Statistical Record identifying referral data, completion of referral applicant, closure data, SSDI Trust Fund Data, Status History, Services provided and total cost; Referral-Applicant Completion/Closure Report identifying referral data and closure status.*

*Files are arranged chronologically by year, thereunder alpha betically by client's name*

## ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers					
Legal-size File Drawers					
Electric rotary file	14 Shelf	70			

FLOOR SPACE OCCUPIED (Square Feet)		AVERAGE DAILY REFERENCES			
In Office(s)	In Storage Area(s)	This Year's	Last Year's	Preceding Year's	All Prior Years
5 shelves	20	10	10	5	1
35					

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?<br><i>Same information may be found in Client's Case File at local V.R. Center and DHR Accounting.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 16. Does the series contain classified information requiring security handling?<br><i>Confidential Client information</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?<br><i>45 CFR Part 74, Subpart D.</i>                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☒ AUDIT PERIOD    d. ☒ FEDERAL ~~LAW~~ Guidelines    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER see below, then:

- ☐ Hold in the current files area        month(s)/        year(s):  
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold        year(s):  
☐ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

SEE ATTACHED SHEET

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William J. McDonald</i>	<i>12-8-75</i>	<i>Harold B. Holm</i>	<i>12-8-75</i>
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	<i>12-17-75</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carolee Ford</i>	<i>12-16-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>R. D. Shell</i>	<i>12-19-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

STATE RECORDS  
COMMITTEE

Department of Human Resources  
Division of Vocational Rehabilitation  
Directors Office - Edit Room  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

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Federal Register, Vol. 40, No. 47, 3-10-75,

To maintain financial records, supporting documents, statistical records, and all other pertinent records in accordance with 45 CFR, Part 74, Subpart D.

Retention Period: (a) 3 years from date of submission of annual or final expenditure report or if Federal audit has not been completed or audit findings not resolved at end of 3 years, until resolution of all audit findings.

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Upon closure of a case, place papers in inactive file; then cut off inactive file at end of each fiscal year; hold in current files area for 1 year; then transfer to State Records Center for 2 years; then destroy. Records may not be destroyed until all audit questions are resolved.